

YOUR GUIDE FOR ESTABLISHING
A COUNTY HEALTH DEPARTMENT

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CHAPTER I

INTRODUCTION

Thousands of refugees have fled oppression and starvation in Vietnam and other Southeast Asian countries and have found new homes in the United States and other thousands of people are yearly crossing our borders from Mexico to find jobs and a better life for themselves and their families.

Many of these people are bringing with them poor physical health associated with marginal or malnutrition and the ravages of wave after wave of epidemic proportion communicable diseases.

The United States has opened its doors to tourists from abroad in ever increasing numbers and thousands of students from many nations study in virtually every state university in the nation.

One of the largest training posts for Army personnel in the U. S. is located within the borders of Missouri, increasing the flow of persons from other states and regions through the state.

These factors are directly related to an increase in the presence of communicable disease and the risk for outbreaks of communicable disease within the State. A position paper for the Governors' Conference on Health, written by H. Denny Donnell, Jr., M.D., M.P.H., recently said, in part, "Investigations of measles in Missouri in fiscal year 1979 revealed that at least twelve separate importations of measles had occurred from such diverse sources as Vietnam, Alaska, Minnesota, Illinois and Iowa . . . there was an average of 23 cases spread from each case introduced into the state."

While the level of immunization is considered to be high against many diseases which find their way into Missouri, District Three Immunization

personnel report that as of August 1, 1979, there had been 30 serologically confirmed cases of measles at Ft. Leonard Wood within that year, and those authorities say that there has been a problem with measles at the Fort for some time.

An outbreak of measles early in 1980 at a day care center in Fulton has been traced to a soldier undergoing National Guard training at the Fort. At least seven children have evidenced symptoms of the disease and epidemiologists have learned that of 33 children attending the center, 18 have no record of immunization despite a strong State Immunization Law.

Dr. Donnell, in his position paper for the Governor, says, "Immunization levels among school age and pre-school age Missourians have been raised to an unprecedented height. The polio outbreak in the poorly immunized Amish population of the Nation, including one case in Missouri, serves to remind us, however, that there remain some poorly immunized populations,"

Rabies in Central and Eastern Missouri has become so prominent in several counties that quarantines against the movement of some animals was instituted and mass efforts at vaccination of domestic pets was recommended. The State Veterinarian's office reported by late December, 1979, 300 cases of rabies had been reported, a 250% increase in rabies from 1978.

Brucellosis, or 'bangs' disease has become so prevalent among the herds of the State's 106,000 cattle producers that stronger testing requirements are being instituted and the State is rapidly becoming known as a problem area.

What this means is that as we move through the eighties, our communities are going to need continuing community health facilities and trained personnel to monitor some 21 communicable diseases which have been shown to exist in the State. No community can afford to be without a health department if it values the lives of its residents.

With today's mobility, Americans are more and more traveling out of their home communities to other states, regions, and countries only to return with an increased likelihood of having been exposed to one or more communicable diseases.

Increasing Personal Health Care Costs

The Area II Health Systems Agency newsletter recently reported "Costs to Missourians for personal health care increased 289 percent from 1966 to 1977.... Money spent for nursing home care showed the greatest percentage increase in individual health care expenditures, 1387 percent per capita increase in Missouri from 1966 to 1977; a 742 percent increase in the Nation during the same period".

Because of the alarming costs of hospital acute and chronic care and nursing home care there is a great deal of sentiment within the health community to reach persons with vital health education material aimed at influencing the development of sound health habits, which have been shown to significantly lower the risk of heart ailment, stroke, lung disease, and other crippling disabilities.

Combined with proper immunizations, sound life-style health habits will go a long way toward lowering the probability of the need for repeated hospitalization at relatively early ages and reduce the likelihood of prolonged stays in nursing homes for many persons.

Health education, immunizations, communicable disease control, and regular visits to those persons needing nursing care within a community, who then may remain in their own homes, avoiding high nursing home costs, can only be provided responsibly and completely through a local health facility, which has trained persons to daily see to the health needs of each specific age and socio-economic group in the community.

National Health Planning Goals

The Department of Health, Education and Welfare has proposed a set of national health planning goals for the 80's, calling for large reductions in infant mortality and communicable and other diseases and for improvements in ambulatory care and other community health services. Such community health care can not be provided directly from Washington, D. C. or even Jefferson City, but must be enacted in a given county by a local health department. Without a local health department, increasing Federal and State emphasis on health care and financial contributions toward that end will not be proportionally felt nor will they be equitably distributed. The little community health care that would be provided would come from Jefferson City and be provided by persons whose job it is to work in 22 other counties, as well.

In short, many persons have forgotten the crippling effects wide-spread outbreaks of communicable disease have upon communities and the damage such disease does to the economy, the lives of those involved and the reputation of the area.

The Nation is learning that the best way to protect communities and individuals within those communities from communicable disease outbreaks and from chronic, disabling disease is through a carefully planned program of health screening and immunization.

Local health departments provide vital screening services to all persons in a community, greatly enhancing their lives and the opportunities afforded by good health.

For those whose health is failing by virtue of age or fortune, the local health department provides care which increases the likelihood of remaining in the home, rather than moving to a nursing facility.

Local health departments can also provide a routine system of inspection and licensing to the communities public food facilities and provide for follow-up on complaints from the public regarding various health hazards within the community. Anyone who has witnessed or fallen victim to food or water-borne disease knows the absolute necessity for such services.

What You Can Do

Your county will soon be without a community health service. This means the only health services will be provided from Jefferson City or a regional home health agency and will, at best, be only a fraction of the total health care you and your friends and neighbors have a right to expect.

Missouri Law provides for a remedy to such a dangerous situation: "Whenever the county court shall be presented with a petition signed by at least ten percent or more of the voters of the county, as determined by the number of votes cast for Governor at the preceding general election, asking that an annual tax not in excess of ten cents on each one hundred dollars of the assessed valuation of property in the county, be levied for the establishment, maintenance, management and operation of a county health center and the maintenance of the personnel required for operation of the health center, the county court SHALL submit the question to the voters of the county at an election".

This places the issue squarely in the hands of the community and gives persons whose lives will be directly affected, the opportunity to provide for their own health resources.

The task is not an easy one, however. It requires an organized community drive to gain sufficient signatures for the petition just to bring the question to a vote and a concerted effort to gain sufficient county-wide support to receive 66 percent voter approval when the measure comes to a vote.

To say that the end result is worth the effort is an understatement. It is a service that reaches the very lives of all community residents and prevents pain and suffering, while comforting those whose lives have already been clouded with illness.

You are being asked to directly participate in the committee which will spearhead the entire campaign. It is felt by your friends and neighbors that your influence and good standing in the community will go a long way toward ensuring that county residents will listen to your views and heed your advice. What better thing can you do for those who respect you than to provide them with good, sound local health care? What better legacy to leave than a permanent facility to provide for future generations of county residents?

This handbook has been put together to provide you with the material and know-how to see a successful campaign through to the conclusion.



**COUNTY
HEALTH
CENTER
LAWS**

MISSOURI STATUTES

COUNTY HEALTH CENTERS

205.010. Petition of voters—maximum tax rate—submission of question.—Any county, subject to the provisions of the Constitution of the state of Missouri, may establish, maintain, manage and operate a public health center in the following manner: Whenever the county court shall be presented with a petition signed by at least ten percent or more of the voters of the county, as determined by the number of votes cast for governor at the preceding general election, asking that an annual tax not in excess of ten cents on each one hundred dollars of the assessed valuation of property in the county, be levied for the establishment, maintenance, management and operation of a county health center and the maintenance of the personnel required for operation of the health center, the county court shall submit the question to the voters of the county at an election. (L. 1945 p. 969 § 1, A. L. 1951 p. 779, A. L. 1957 p. 690, A. L. 1978 H. B. 971)

205.020. Form of ballot—vote necessary to adopt.—1. The question shall be submitted in substantially the following form:

Shall there be a maximum tax of per hundred dollars assessed valuation for a county health center and the maintenance and operation of same?

2. If a two-thirds majority of the votes cast on the question shall vote in favor of such tax, the county court shall proceed to levy and collect such tax and deposit same in the county treasury to the credit of the health center fund and such fund shall be expended as hereinafter provided.

(L. 1945 p. 969 § 2, A. L. 1951 p. 779, A. L. 1957 p. 690, A. L. 1978 H. B. 971)

205.031. Trustees, qualifications—appointment—terms.—1. The county court shall appoint five trustees chosen from the citizens at large with reference to their fitness for such office, all voters of the county, not more than three of the trustees to be residents of the city, town or village in which the county health center is to be located, who shall constitute a board of trustees for said county health center.

2. The trustees shall hold their offices until

the next following municipal election, when five health center trustees shall be elected who shall hold their offices, three for two years and two for four years. The county court shall by order of record specify the terms of said trustees.

3. At each subsequent municipal election the offices of the trustees whose terms of office are about to expire shall be filled by the election of health center trustees who each shall serve for a term of four years.

4. Any vacancy in the board of trustees occasioned by removal, resignation or otherwise shall be reported to the county court and be filled in like manner as original appointments, the appointee to hold office until the next following general election, when such vacancy shall be filled by election of a trustee to serve during the remainder of the term of his predecessor.

5. No trustee shall have a personal pecuniary interest, either directly or indirectly, in the purchase of any supplies for the health center, unless the same are purchased by competitive bidding.

(L. 1951 p. 779 § 205.030, A. L. 1978 H. B. 971)

205.041. Trustees, election, ballot—vacancies, how filled.—1. Each candidate for the office of health center trustee shall file with the county clerk an announcement of candidacy in writing. The announcement shall indicate whether the individual is a candidate for a full or an unexpired term of a named predecessor. No filing fee shall be required to be paid upon the filing of any announcement. If announcements of a sufficient number of trustees are not filed, the county court shall appoint such trustee or trustees as may be necessary to fill all vacancies on the board which result from the expiration of the term of any trustees and any such appointee shall serve until the next municipal election when a trustee shall be elected to fill the remainder of the unexpired term.

2. The ballots shall not contain any designation of the political party affiliation of any candidate for trustee. The ballots shall designate the number of trustees to be elected and shall state whether any of the trustees is to be elected for an unexpired term.

FOR HEALTH CENTER TRUSTEE

(Vote for)

.....

FOR HEALTH CENTER TRUSTEE

For unexpired term ending

(Vote for)

.....

3. The candidates receiving the highest number of votes for the offices of trustee to be filled shall be declared elected by the county court which shall issue commissions to the elected trustees.

(L. 1951 p. 779 § 205.040, A. L. 1965 p. 345, A. L. 1978 H. B. 971)

205.042. Trustees — organization — powers and duties—expenses.—1.

The trustees, within ten days after their appointment or election, shall qualify by taking the oath of civil officers and organize as a board of health center trustees by the election of one of their number as chairman, one as secretary, and by the election of such other officers as they may deem necessary, but no bond shall be required of them.

2. The county treasurer of the county in which such county health center is located shall be treasurer of the board of trustees. The treasurer shall receive and pay out all the monies under the control of the board, upon its order as provided in sections 205.010 to 205.150, but shall receive no compensation from such board.

3. No trustee shall receive any compensation for his services performed, but he may receive reimbursement for any cash expenditures actually made for personal expenses incurred as such trustee, and an itemized statement of all such expenses and money paid out shall be made under oath by each of such trustees and filed with the secretary and allowed only by the affirmative vote of all of the trustees present at a meeting of the board.

4. The board of health center trustees shall

make and adopt such bylaws, rules and regulations for their own guidance and for the government of the county health center as may be deemed expedient for the economic and equitable conduct thereof. They shall have the exclusive control of the expenditures of all moneys collected to the credit of the county health center fund, and of the purchase of site or sites, the purchase or construction of any county health center buildings, and of the supervision, care and custody of the grounds, rooms or buildings purchased, constructed, leased or set apart for that purpose. All moneys received for the county health center shall be deposited in the county treasury to the credit of the county health center fund, and paid out only upon warrants ordered drawn by the county court upon properly authenticated vouchers of the board of health center trustees.

5. The board of health center trustees may appoint and remove such personnel as may be necessary and fix their compensation; and shall in general carry out the spirit and intent of sections 205.010 to 205.150 pertaining to establishing and maintaining a county health center.

6. The board of health center trustees shall hold meetings at least once each month, and shall keep a complete record of all of its proceedings. Three members of the board shall constitute a quorum for the transaction of business.

7. One of the trustees shall visit and examine the county health center at least twice each month.

8. When the county health center is established, all personnel and all persons approaching or coming within the limits of same, and all furniture and other articles used or brought there shall be subject to such rules and regulations as the board may prescribe.

9. The board of health center trustees shall determine annually the rate of the tax levy, except that the rate so determined shall not exceed the maximum rate authorized by the vote of the people of the county.

10. The board of health center trustees may enter into contracts and agreements with federal, state, county, school and municipal governments and with private individuals, partnerships, firms, associations and corporations for the furtherance of health activities, except as

hereafter prohibited.

(L. 1951 p. 779 § 205.045, A. L. 1957 p. 690, A. L. 1973 S. B. 253)

205.045. Trustees to fix rate of tax up to maximum.—In any county in which a county health center has been established, the rate of tax which has been authorized by the vote of the people of the county shall continue as the maximum rate, and the board of health center trustees shall determine annually the rate of the tax levy up to, but not exceeding, this maximum.

(L. 1957 p. 690 § 205.045)

205.050. Purpose of health center.—The public health center is established, maintained and operated for the improvement of health of all inhabitants of said county or counties.

(L. 1945 p. 969 § 11)

205.060. Limitations on use of facilities.—The board of county health center trustees shall not enter into contracts for the private practice of medicine, nor shall any of its personnel practice medicine nor dispense drugs, vaccines or serums for personal gain, nor shall its facilities be used for such purpose in any way except as it may be necessary and agreed upon between the board and county court or courts for the care of the indigent for whom the court or courts may be responsible, or except in furtherance of diagnostic and communicable disease control programs.

(L. 1945 p. 969 § 13, A. L. 1951 p. 779)

205.070. Center may accept gifts.—Any person, firm, organization, society or corporation desiring to make donations of money, personal property or real estate for the benefit of such health center, shall have the right to vest title of such property so donated, in the county or counties, to be controlled when so accepted by the board of health center trustees according to the terms of deed, gift, devise or bequest of such property.

(L. 1945 p. 969 § 10, A. L. 1951 p. 779)

205.080. Building plans—bids.—All buildings that may be erected or constructed under sections 205.010 and 205.020 shall have the plans and specifications approved by the board of health center trustees and bids advertised for according to law for other county public buildings.

(L. 1945 p. 969, § 8, A. L. 1951 p. 779)

205.090. Report to county court—estimated budget.—1. On or before the seventh day of January in each year, the board of health center trustees shall file with the county court a report of their proceedings with reference to the county health center and a sworn statement of all receipts and expenditures during the preceding calendar year.

2. The board of health center trustees shall prepare and submit to the county budget officer a budget for the ensuing year at the time and in the manner provided by the county budget law applicable to such county.

(L. 1945 p. 969 § 5, A. L. 1951 p. 779)

205.100. Director of public health center—appointment.—The county court or courts shall annually at their February meeting, appoint the director of the public health center as county health officer and such county health officer shall exercise all of the rights and perform all of the duties pertaining to that office as set forward under the health laws of the state and rules and regulations of the division of health of the department of social services.

(L. 1945 p. 969 § 7)

205.110. Qualifications of employees.—The qualifications of all persons employed in the operation of said health center shall be at least equal to the minimum standard of qualifications as set forward by the division of health or its successors for positions of like importance and responsibilities.

(L. 1945 p. 969 § 6)

205.120. No discrimination in healing methods.—Each school of healing licensed by the state of Missouri shall have equal rights in said health center.

(L. 1945 p. 969 § 12)

205.141. Tax levy (noncharter first class counties).—The county court in all counties of the first class not having a charter form of government, in addition to the power to levy taxes for county purposes, as otherwise provided by law, shall have the power to levy upon all property subject to its taxing powers, an annual tax in an amount not to exceed ten cents on each one hundred dollar valuation for the purpose of operating or maintaining a public county health center or institution.

(L. 1958 2d Ex. Sess. p. 180 § 1, A. L. 1965 p. 348)

205.150. Determination of tax levy (first class counties).—The rate of tax levy provided for in section 205.141 * shall be determined and fixed at the same time the rate of tax is determined and fixed for county purposes.

(L. 1947 V. II p. 335 § 2, A. L. 1961 p. 521, A. L. 1973 S. B. 253)

* Erroneous reference to § 205.150 appears following § 205.141 in original rolls.

Department of Social Services
MISSOURI DIVISION OF HEALTH
Bureau of Community Health Education
P.O. Box 570
Jefferson City, MO 65102

STATE OF MISSOURI)
) S.S.
COUNTY OF [REDACTED])

SAMPLE

PETITION FOR ESTABLISHMENT OF PUBLIC HEALTH CENTER
TO THE HONORABLE COUNTY COURT OF [REDACTED] COUNTY, MISSOURI

We, the undersigned petitioners, being qualified voters in [REDACTED] County, and representing in number more than ten percent of the number of votes cast for governor at the last preceding general election in [REDACTED] County, Missouri, held on the 7th day of November, 1972 hereby petition this Court that an annual tax not in excess of ten cents on each one hundred dollars of the assessed valuation of property in the county be levied for the establishment, maintenance, management and operation of a county health center and the maintenance of such personnel as may be required for the operation of such center.

We, further petition the county court that there be submitted to the qualified voters of [REDACTED] County at the next general election held in [REDACTED] County, Missouri, or at a special election called for that purpose, the question whether or not an annual tax of 1 mill on the dollar shall be levied on the assessed property of [REDACTED] County, said tax to be used for the establishment, management and operation of a county health center as provided by Chapter 205 of the Revised Statutes of Missouri, 1979, as amended.

We further advise this Court that it is understood by the undersigned that this petition may be submitted to this Court in multiple counterparts, which may be signed by varying number of petitioners, and that all such counterparts so signed and so filed shall be taken and considered collectively, and as one petition.

Verification Affidavit

STATE OF MISSOURI)
) S.S.
COUNTY OF [REDACTED])

I, _____, (print your Petitioner carrier's name) being first duly sworn say (that the following persons)

NAME

ADDRESS

PRECINCT

NAME

ADDRESS

PRECINCT

Sign this sheet of the foregoing Petition, and each of them signed his name thereto in my presence; I believe that each has stated his name, street address, and city, town or village correctly, and that each signer is a qualified (and registered) voter of the State of Missouri and of the [redacted] congressional district and [redacted] County.

carrier's name

carrier's address

Subscribed and sworn to before me this _____ day of _____, 1976.

Notary Public

(SEAL)

My Commission Expires:

CHAPTER III

THE GROUND WORK: Committee Organization

State law requires that 66 and 2/3 of those voting on a health department issue must approve the matter before it becomes law.

Just to get the matter on the ballot for such a vote requires the signatures of 10 percent of the county voters.

In order to successfully achieve such wide-spread county support for full-time Local Health department services it is vital that each population center in the county solicit participation in the campaign.

Therefore; a broad-based committee is necessary within the community to do the work necessary for success of the issue.

Membership in the committee in each population center within the county should extend to all persons interested, regardless of their position within the socio-economic spectrum.

The broadest possible support could be gained by including representatives from each county voting precinct, but it is recognized that in many cases this is impossible.

People who represent all business, professional and labor organizations, should be welcome to the committee in each community, as would those of the churches, civic groups, and social organizations interested in the well-being of the community, also be welcome.

Once you have decided to join the committee and have committed your time you should bear in mind that no matter how large the group is, your individual actions may be the precise ingredient necessary to spark others toward completion of their tasks, thus increasing the likelihood of success.

Once the committee has formed, the first job at hand is to establish or review an action time-line and begin the process of orientation. A complete reading of the "guide" to familiarize all members with the process comes first,

followed by consideration of 'what has to be done by what time'.

The committee will ultimately have to identify relevant issues; set priorities; select appropriate strategies, plan and implement a variety of coordinated activities.

To carry out its functions, it is desirable to select, at the outset, a chair person and recording secretary, plus any other officers felt necessary for the enhancement of the work at hand.

THE GROUND WORK: Committee Organization

Organization Table

Central Coordinating Committee Members:

Chairpersons from all local campaign committees. Advisory staff:

County Nurse, District 3 Nursing Supr., District 3 Health Educator

LOCAL CAMPAIGN COMMITTEE

Chairperson

Recording Secretary

Speakers bureau, Petition drive,
general membership,
Advisory staff: Health Educator,
Co. Nurse, Nurse Supervisor

LOCAL CAMPAIGN COMMITTEE

Chairperson

Recording Secretary

Speakers bureau, Petition drive,
general membership
Advisory staff: Health Educator,
Co. Nurse, Nurse Supervisor

The central coordinating committee serves only to keep the various LOCAL CAMPAIGN COMMITTEES informed about successful actions taken by other committees and to coordinate time schedules and county-wide publicity.

The success or failure of the campaign will come directly from actions taken at the grass roots, i.e., the Local Campaign Committee.

CHAPTER IV

THE GROUND WORK: County Profile Preparation

Once the committee is thoroughly familiar with the total process and the tools necessary to achieve a successful vote, and has established or adopted an overall action time line, it must select methods to become more familiar with the total county and/or community or review existing county profiles. Below is a sample survey questionnaire which will provide the committee with the means to gather sufficient information to formulate and plan strategy for the campaign.

Most of the items outlined in the county data section below should be available from the local health system agency (HSA). The HSA will also be aware of additional sources of information, if needed.

County Data

1. Population characteristics

- a. Population size/projected population
- b. Percent population by age groups
- c. Population change, expressed as:
 - (1) current population, compared with 1970, 1960, 1950, and 1940 populations
 - (2) recent changes in population age distribution
- d. Racial composition
- e. Birth rates
- f. Reported cases of specified communicable diseases
- g. Prevalence of chronic conditions

- h. Death rates
- i. Leading causes of death
- j. Infant mortality rates
- k. Immunization levels

2. Socio-economic characteristics

- a. Percent population, urban and rural
- b. Percent population living on farms
- c. Average value of farms
- d. Median income of county families
- e. Percent families in various income groups
- f. Major industries/employers of county residents.
- g. Percent county residents who are members of labor unions
- h. Unemployment rates
- i. Poverty status
- j. Percent receiving various types of public assistance

3. Environmental and occupational conditions within county

- a. Water quality
- b. Air quality
- c. Soil quality
- d. Occupational health hazards
- e. Housing characteristics
- f. Prevalence of disease-producing pests

4. Disability among county residents

- a. Work days lost
- b. School days lost

c. Restricted activity days

d. Bed disability days

An ongoing task will be to present and utilize the information outlined above in ways meaningful and useful in the referendum effort.

1. Based on the conditions which affect or are indicators of the presence or absence of health, illness and injury, what types of public health services are needed in the county?
2. What are the current and future potential eligible populations for specific services and programs, e.g., Women, Infants and Children Nutrition Program (WIC), Medichek, home health services, immunizations, chronic disease services, dental services, venereal disease services (VD) and family planning.
3. Can any comparison be made with other counties?
4. What do trend data indicate?
5. Are any cost-benefit analyses available?

Another essential activity in the promotional effort is the identification of county groups, both formally and informally organized. The potential benefits of this activity will be discussed in later sections.

The outline which follows can be used as a framework in identifying and listing various groups and organizations within the county. A local chamber of commerce, planning agency or social service organization may also have a listing or resources or may be able to provide a community directory.

Identification of County Groups

1. Health groups

- a. General community health groups
- b. Groups on specific disease/conditions, etc.
(cancer, heart, etc.)
- c. Organizations providing specific services
(family planning, home health, etc.)
- d. Mental health groups
- e. Safety councils
- f. Associations of health professionals
- g. Auxiliaries

2. Government groups

- a. Political party organizations
- b. Voters' leagues
- c. Patriotic and veterans associations
- d. Taxpayers associations

3. Economic groups

- a. Service clubs
- b. Chamber of commerce
- c. Unions
- d. Retail merchants associations
- e. Boards of banks, corporations
- f. Professional associations

4. Planning groups

- a. Neighborhood and community planning
associations
- b. Community councils
- c. Area planning

5. Housing groups

- a. Real estate associations

- b. Housing associations
- 6. Education groups
 - a. Parent-teacher organizations
 - b. Adult education groups
- 7. Groups for children and youth
 - a. Child welfare organizations
 - b. Big brother/big sister groups
 - c. Police athletic league
- 8. Youth groups
 - a. Service clubs
 - b. Scouting groups
 - c. 4-H
- 9. Welfare groups
 - a. Charitable organizations
 - b. Boards of social agencies
 - c. Welfare or humane associations
- 10. Fraternal groups
 - a. Nationality-group fraternal association
 - b. Other fraternities, lodges and societies
- 11. Cultural groups
 - a. Concert societies
 - b. Study and forum groups
 - c. Art societies
 - d. Drama clubs
 - e. Literary societies
- 12. Religious groups
 - a. Churches

- b. Groups associated with churches, e.g. Bible study,
teams and social groups
- 13. Farm groups
 - a. Farm organizations
 - b. Cooperative Extension Service
- 14. Senior citizen groups
- 15. Recreation groups
 - a. Athletic teams and clubs
 - b. Y's
 - c. Hobby clubs
- 16. Community organization groups
 - a. Chests
 - b. Councils
 - c. Coordinating committees
 - d. Intergroup organizations

After a county-wide list of groups (along with current address and contact people) has been compiled, the committee should then analyze resource potential from the following perspectives:

1. What organizations have been most effective in accomplishments of county-wide importance?
2. What individuals are officers or important workers in more than one organization?
3. What areas of the county seem to be highly organized, poorly organized with respect to associations?
4. Which groups are most influential in getting things done in the county? Also, which are high prestige groups?
5. What income groups, minority groups or other groups are not being reached through membership in various organizations?

6. What rivalries exist between various organizations in the county?
7. In what ways might rivalries be harmful to a health promotion effort?
8. Which organizations are the most important in "reaching" as many as publics or groups of people as possible?

As the committee identified the county's health groups and organizations, it should expand this task to include an identification of other health resources within the county.

Health Related Resources

1. Health-related groups and agencies within the county (see Identification of County Groups, number one), and the services they provide.
2. Groups which are not primarily health-related but do provide certain health services (e.g., screening programs, nutrition education, accident prevention), and the services they provide
3. Health practitioners (e.g. MDs, DDSs, RNs, PTs, RPhs, etc.) providing services within the county
4. Health practitioners, residing in the county, who do not practice within the county
5. School health services
6. Health facilities (e.g., hospitals, nursing homes)
7. Health-related inspection and control programs (e.g., inspection of water, milk and foods; insect and rodent control)

This information will help the committee to:

1. evaluate the availability of specific health services by type and geographic area;
2. assess the effectiveness of existing resources in meeting public

health related needs;

3. identify gaps in local health services.

A review from several perspectives, on a county-wide basis, will provide the committee with important background information needed to help plan strategies.

County-Wide Perspectives

1. Over-all impressions (Do any of these characterize the county or any specific portions of it?):
 - a. High unemployment rates;
 - b. High percent of substandard housing;
 - c. Inadequate utility services (water, gas, electricity, others);
 - d. Inadequate sewage disposal facilities;
 - e. Poorly maintained roads;
 - f. Inadequate schools or other community facilities;
 - g. Lack of cooperation by local government or citizen groups;
 - h. Presence of strong interest groups;
 - i. Reluctance to pass tax referenda;
 - j. Recent history of labor-management controversy;
 - k. Recurrent seasonal layoffs;
 - l. Inadequate employment opportunities;
 - m. Overdependence on a particular industry;
 - n. Recent shifts in the major economic activities on which the county depends;
 - o. Recent changes in the structure of any local government units;

2. Community development perspectives
 - a. Important county betterment projects carried out in the past five years
 - (1) establishment of coordinated agencies and services, or the pooling of existing agencies and services.
 - (2) new facilities, or major additions
 - (3) new services, e.g., ambulance
 - (4) new agencies or organizations
 - b. Projects, if any, currently underway
 - c. Agencies, groups or individuals instrumental in achieving the results in "a" and "b" above
 - d. Services or agencies discontinued or deemphasized during the past five years
 - e. Agencies, groups or individuals instrumental in achieving the results in "d" above
 - f. County/community surveys or needs assessments conducted in the past five years
3. Political perspectives
 - a. Political characterization (conservative, progressive, etc.) of the county or any specific portions of it
 - b. Major happenings in the county's recent political history
 - c. Key political leaders (elected and non-office-holders) in the county
 - d. Key political leaders who could be influential (either pro or con) in the attempt to establish local health services
4. Financial perspectives
 - a. The county's current financial situation

- b. In the past fiscal year, the amount of revenue county government received from each major source of income
- c. A comparison of county government expenditures, department by department, with those of similar localities
- d. The history of tax referenda during the past ten years
- e. The extent to which county residents (including political leaders) are willing to support health service with tax funds

CHAPTER V

THE CAMPAIGN: Petition Drive

'Getting at the grass-roots' is a phrase that best describes the task at hand in conducting a petition drive. As many people in as many areas of the county and in as many neighborhoods in each area should be contacted, presented with the facts and requested to sign the petition.

While ten percent of the total number of those voting in the last Gubenatorial election is all that is required on the petitions, it should not deter those gathering signatures from seeking the greatest number that can be gotten from their assigned areas. The greater the number of signatures, the stronger can be publicity concerning wide-spread 'grass-roots' support.

Petition workers should be persons from the area or neighborhood in which they canvass, and should be prepared to make a brief opening statement concerning the problem and proposed solution to each household and person they visit. Questions should readily be answered, following the opening statement.

If a person being canvassed shows genuine interest in the program beyond simply signing the petition, he or she should be invited to attend the next committee meeting. Remember, we need BROAD-BASED Community support.

Here is one possible opening statement which may be used in approaching individuals: "Did you know that we are going to lose our county health department in the next few months? (whether they answer yes or no) When I found out about it I got frightened (or concerned, or alarmed) because I know that thousands of people are coming into the United States daily from countries that do not have adequate health care, and some of those people are bringing diseases with them that could affect our community. I want protection for

myself and my family, and I think you want the same for yours. But there is only one way we can get that protection. (Pause a moment to see if you have their attention. They should be curious enough to ask you "How?", then continue).

"State law allows people in a local community to petition the county court to place the issue of providing a public health department on a county-wide ballot, and I am gathering signatures of our friends and neighbors today just for suchaa purpose. Would you like to sign?"

Of course, this conversation may not suit your normal way of talking and certainly may be altered to fit your own personality, but the basic content can provide you with a means to open the door into each person's life and elicithe their support.

If you are asked to address a group of persons who you hope will sign the petition, you may simply say: "Ladies and Gentlemen, a full-time local health department is the proven way to protect ourselves and our children from dangerous health problems. It is OUR doing. We, the local taxpayers, will create this health department. We will support it. Its~~s~~operation will be guided by OUR needs, OUR votes, OUR wishes. We protect ourselves against lawlessness through the sheriffs department (or police department) and against fire through the fire department. The proven way to protect ourselves against community health hazards is through a full-time local health department. The services we will get from the health department will be those established by local residents who serve on the Board of Trustees, but should include protection from the spread of communicable disease, public food supply inspection, and services to older persons in their homes, and to children. Everyone, regardless of age or financial standing, will benefit from community health protection."

Speeches given as a part of direct petition signature solicitation should not be lengthy or become bogged down in lengthy discussion. If persons in the

audience want more information before signing and your individual answers are not sufficient, invite those interested in further discussion to meet with the committee or members of the speakers bureau.

CHAPTER VI

THE CAMPAIGN: The Election

One significant benefit of conducting a petition drive prior to a full-fledged campaign for a county-wide vote is that committee members participating in the petition drive are directly exposed to area residents and have an opportunity to hear their views on the need for a health department and the services it should provide. This benefit should not be lost in the rush to prepare for the main campaign.

Careful gathering of those views should be the committee's first task following a successful petition drive. Each person who handled signature gathering chores should present to the committee a run down of experiences which reflect community concerns and needs.

The committee then should establish a list of priority issues; which may be expected to surface during the coming campaign. That list should reflect both negative and positive issues and it then becomes the goal of the committee to determine how to deal with these issues and the health needs of the county which a county profile may have brought to light.

The county profile, or addition to the profile, should have earlier established the current county assessed valuation and the amount of money the one mill levy would bring into the treasury for establishing the proposed health facility. State contributions should have been determined and other aspects of financing outlined, to deal with the issues certain to come up concerning taxation and finances.

Current health services provided by a nursing service should be outlined to show what will be lost if the voters turn down the proposal and additional health services that could be provided by the proposed health department brought to light.

There are many tools needed to bring the issue into each home in the county and we will deal with each in some detail to provide a guide to their use.

By now, the committee should be a full-functioning, well coordinated operation which will provide the basis for a successful election.

CHAPTER VII
TOOLS FOR THE CAMPAIGN

A. Mass Media

A well planned, coordinated Public Relation Program is vital to the success of the campaign. The ability to take your message to the public through newspapers, radio and television is a major ingredient in the over-all campaign strategy and serves several necessary functions:

1. It serves to help gain public support and elicit involvement in the campaign drive;
2. It informs a wide audience of the progress being made in the drive;
3. It provides recognition for the efforts of those involved; and
4. It provides credibility to the campaign.

B. What News Is

It is very important to recognize what NEWS is at the outset, to ensure acceptance by the News Media and provide timely information to the public.

Enclosed is a re-print of a News Guide edited by Missouri Division of Health District Three personnel.

NEWS

Public Health is not a private activity----show it off! To develop a better public appreciation of public health you need to do a better job of communication. To communicate successfully, you need creative imagination--you need ideas. A good idea has many ingredients.

- It is communicated to the right audience
- It solves a problem
- It is in their language
- It is simple and direct
- It is interesting to that audience

The public has a right and a need to know what you are doing or plan to do. Their cooperation is needed because they are customers and partners in your public health ventures. The public sits in judgement of your activities and will decide your success. Support comes through a realistic understanding of your purpose.

HEALTH EDUCATION
DENTAL HEALTH EDUCATION

DISTRICT 3 HEALTH OFFICE

August, 1979

GLOSSARY

Caption or Cutline: A brief description of a news picture, listing names, titles, occasions, etc., written ON THE BACK, so it is not lost.

Copy: Anything written for publication.

Deadline: Time when all copy must be in hands of the publication to appear in that edition.

Direct Quote: Verbatim quotation using quotation marks.

Edition: Newspaper copies printed during on press run.

Glossy: A photo print with a shiny surface.

Indirect Quote: Summary of what a person said not enclosed in quotation marks.

Lead: Opening of story.

More: Word used at bottom of first page to indicate a second page.

Proof: An imprint of type on paper so that errors can be corrected.

Spread: Layout of related pictures; a major story. Usually done by news staff.

30 or ### A symbol on copy to designate end of story.

NEWSPAPER-WRITING TIPS

5 W's Formula--The lead paragraph of a news story should answer the basic questions: Who, What, When, Where, and Why?

SAMPLE:

WHO-- Mary A. Doe, R.N., M.P.H., State Supervisor of Public Health Nursing (give age when important).

WHAT-- Will address the Progress County Health Council.

WHEN-- 12:00 Noon, Friday, January 19, 1971.

WHERE-- At the Acme Hotel.

WHY-- To discuss "Health Problems of Pre-school Children".

These facts (5 W's) could be used in the same order as shown above; however, in many cases the WHY or WHAT is more important to catch the reader's eye than the WHO. Rearrange in attention-getting fashion.

SAMPLE:

"Health Problems of Pre-school Children" will be discussed by Mary A. Doe, R.N., during a meeting of the Progress County Health Council at 12:00 o'clock noon, Friday, January 19, 1971, at the Acme Hotel. Doe is State Supervisor of Public Health Nursing.

WHO?---Who presided, who spoke, who became new members, who made proposals, etc.

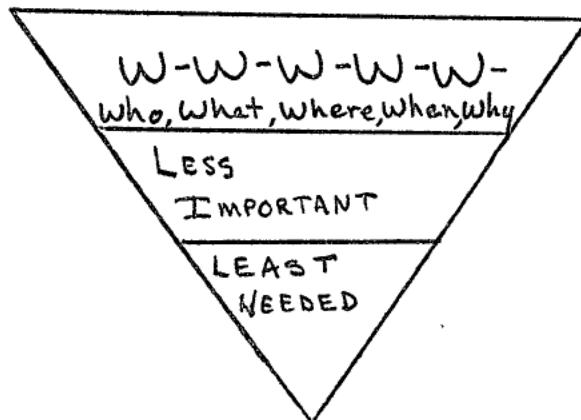
WHAT?--What organization, what action took place, etc.

WHEN?--Be exact as to time--give day, date, hour.

WHERE?--The exact meeting place--building and if important, room number.

WHY?---Purpose of meeting or event--if a special meeting, why was it called.

1. Get the most important facts right at the beginning of a story.
2. Use the inverted--pyramid style of writing. The detail is developed in descending order of importance. Each paragraph should seem to end the story without losing important facts.
3. The following newsworthy things may happen at meetings or events:
 - A. Action may be taken (officers elected, awards, etc.)
 - B. Something of interest might be said (capture the two or three main ideas from what is said).
4. News writer should not put own opinions, comments, or judgments into story unless they are used as direct quotes or paraphrasings.
5. Use third person. Do not use "We", "Us", "Our", etc.
6. Paragraphs should be kept short as possible. (People like to see their names or the names of their friends in print.)
7. Use simple, accurate, and vivid words.
8. Avoid gobbledegook, professional jargon, or high-toned technical terms.
9. Avoid using flowery figures of speech and trite expressions.
10. Fillers: Small statement used to fill a column of type. Useful in keeping information before the public.
11. Pictures: Pictures of one or two column width are more likely to be used than large ones. Ask editor how to prepare caption (identify people as they appear). Try to limit groups to two or three people.



RADIO AND TELEVISION-WRITING TIPS

The 5 W's formula is maintained in writing radio and TV releases.

Rearrange in ear-catching fashion:

DIRECTOR OF BUREAU OF SANITATION---JOHN DOE---WILL DISCUSS WAYS
TO DISPOSE OF SOLID WASTE WHEN HE SPEAKS HERE FRIDAY.

DOE--WHO WILL SPEAK TO THE PROGRESS COUNTY HEALTH COUNCIL AT
NOON FRIDAY IN THE PROGRESS COUNTY HEALTH CENTER---WILL TELL RURAL
RESIDENTS HOW TO DISPOSE OF SOLID WASTE.

1. Paragraph should be kept even shorter than for newspapers. The recommended length for radio-television is 10 to 25 words.
2. Make sure all facts and names are correct. When there may be a question about the pronunciation of a word or name, spell it phonetically in parentheses following the correct spelling.
3. Avoid using the same word at the beginning of sentences. This might cause the newscaster to read the same line twice or skip a line.
4. Descriptive phrases, such as a person's title, should precede the person's name. Ages (when used) also precede names.
5. Avoid words with a lot of hissing or explosive consonants, and double meaning.
6. Use active voice when possible.
7. Except for addresses and phone numbers, numbers one through nine should be spelled out. Also spell out amounts like thousand and million.

8. Spot announcements: All stations are required by federal law to devote some time to public service spot announcements. (DO NOT tell station manager he is required to do your announcement under federal law.) These are promotional in nature and are written in a personal manner. Every "Spot" has three basic parts: 1) The attention getter, 2) general announcement, and 3) directions for the action to be taken by the listener. It should be stated clearly at the top of a release how long the spot announcement is to be used.

John B. Doe
Health Education Section
Progress County Health Department

Wednesday, June 15, 1979

FOR IMMEDIATE RELEASE

STORY: News Release Style

This is a recommended style for a Public Health News Release. Note that copy is neatly typed and double spaced.

The name and address of the person issuing the release is single spaced and close to the top corner of the page. Below the return address is a brief explanation of the story.

In the other corner of the page is the day and date the story was written. Two spaces below the writing date is the release date. If the story can be used at any time in the near future, write---FOR IMMEDIATE RELEASE. If the story is to appear on a specific day, write---FOR RELEASE: MONDAY, JUNE 15, 1979.

A blank space of at least one inch is left between the release information and the story. In this space the editor will write a headline to fit the paper's style and type size.

Short sentences (2 lines) and short paragraphs (4 to 6 lines) are used for ease of reading. Initial sentence of each paragraph is indented five spaces. One-inch margins are maintained at the left and right. Words are not broken between lines, and sentences and paragraphs are not broken between pages.

Single pages are more likely to be used than multiple pages. If there is more than one page of copy in the release, repeat release information at the top of each page. End each page except the last page with the word "more". Mark end of story with "30" or "###".

JOHN A. DOE
HEALTH EDUCATION SECTION
PROGRESS COUNTY HEALTH DEPT.
YOURTOWN, MISSOURI (785-9633)

STORY: RADIO & TV RELEASE STYLE

WED., JUNE 13, 1979

REQUEST USE ON KOKO-TV
NEWSCAST OF FRIDAY
JUNE 15, 1979

THIS IS THE SUGGESTED STYLE FOR A PUBLIC HEALTH RADIO NEWS RELEASE OR RADIO SPOT ANNOUNCEMENT RELEASE. NOTE THAT COPY IS NEATLY TYPED IN CAPITAL LETTERS AND DOUBLE SPACED.

A TWO TO THREE-INCH MARGIN IS MAINTAINED AT THE LEFT, A ONE-INCH MARGIN AT THE RIGHT. SHORT SENTENCES (20 WORDS OR LESS) ARE USED FOR EASIER COMPREHENSION BY LISTENERS. WORDS ARE NOT BROKEN BETWEEN LINES, AND SENTENCES AND PARAGRAPHS ARE NOT BROKEN BETWEEN PAGES.

SPOT ANNOUNCEMENTS ARE FROM FOUR TO SIX LINES LONG, NEWS ITEMS ARE USED MORE READILY WHEN 10 TO 13 LINES LONG.

ADDITIONAL FACTS

WHEN IT SEEMS NECESSARY TO REPORT MORE FACTS, ADD THEM AFTER INSERTING THE ADDITIONAL FACTS LINE. THIS ESTABLISHES A CUT-OFF POINT FOR NEWSCASTERS WHO CAN'T USE MORE THAN BASIC FACTS.

FOR PERIODIC SPOT ANNOUNCEMENT, WRITE--REQUEST FREQUENT AIRINGS OF THE FOLLOWING SPOT ANNOUNCEMENT OVER (CALL LETTERS OF STATION OR CHANNEL) THURSDAY, JUNE 14 THRU FRIDAY, JUNE 15.

RELEASE INFORMATION IS REPEATED AT THE TOP OF EACH PAGE OF THE RELEASE.

After the 5 W's

ABOUT WORKSHOPS:

- What will be offered in curriculum?
- Where can the participants get information?
- How many people have and/or are taking advantage of classes offered?
- Is this a new and unusual workshop?
- Are professionals teaching or cooperating in any way?
- Will this workshop assist participants where they are employed?
- Has the public been told about what is taught and how?
- Will workshop benefit the community, a youth group, a social agency, or government agency?
- Does program utilize new equipment or material?
- How much money will this workshop save the public in taxes?

ABOUT MEETINGS:

- Are personnel attending or hosting a conference, workshop, or meeting?
- Is event out-of-town or local?
- How many will attend?
- Who is the featured speakers; or what other activities?
- How will personnel serve - speakers, panel member, participants?
- How did person who attended qualify?
- Will there be an election of officers?
- Why was meeting held?
- Resultant action?

ABOUT ACHIEVEMENT:

- Have news media representatives been invited?
- Is there an award, certificate, trophy?
- Were recipients rewarded in some way?

- Was member of staff elected to local, district, state or national office?
- How was achievement earned?
- Who honored recipient?

Mary Anderson, R.N.
Home County Nursing Service
Hometown, Missouri (765-4000)

USE WHEN NEEDED

The Home County Nursing Service offers information and counseling to anyone, any age who suspects they may have a venereal disease.

If you think you have a venereal disease and need to talk to someone who knows the signs, call the Home County Nurse at 765-4000.

OR

The Home County Nursing Service offers nutrition and balanced diet counseling. Call 765-4000.

###

Free immunizations required for entering school are available from the Home County Nursing Service. Call 765-4000.

###

Just returned home from the hospital? Public health nurses can visit you for needed home care, if your physician will write the orders. Call the Home County Nursing Service for further information--call 765-4000.

###

Keep household cleaners away from toddlers. Keep aspirins and other medicines locked away or in hard-to-reach cabinets. Poison prevention is accident prevention.

###

Lawn mowers are not toys. Don't allow riders. Think safety. Think Accident Prevention.

###

NEWS RELEASE

FROM: _____

ADDRESS: _____

PHONE: _____

BUSINESS PHONE _____

COOPERATION WITH: _____

Missouri Division of Health
and
Home Co. Nursing Service

FOR IMMEDIATE RELEASE

(ISSUED _____, 19____)

Immunization levels of school age children in Home County shows significant increases, when compared to 1976-77 data. According to Mary Anderson, R.N., of the county nursing service, protection rates for Diphteria, Whooping Cough, Polio, Measles, and Rubella (3 day measles) also compare favorably to state-wide levels.

DPT immunization levels in Home County increased from ____% in 1976-77 school year to ____% in 1978-79.

Polio immunity increased from ____% to ____% in the same time period.

Measles and Rubella (3-day measles) went from ____% and ____% to ____% and ____% respectively in the three year period.

Ms. Anderson estimates that ~~_____~~ immunizations have been given to all ages through the Home County Office over the past _____ years.

Since the 1976-77 school year, there has been a strong effort to enforce the Missouri school entry law. This law requires school age children to be immunized against those diseases, have signed parental or religious exemptions, or be excluded from school.

Superintendents of schools are responsible for the reporting of school immunization levels. "Most administrators are very cooperative in efforts to enforce the immunization, exemption, or exclusion rule," commented Rick Doerhoff, Immunization Program Representative of the Division of Health in Jefferson City. He added "In the long run, the school helps itself by reducing absenteeism due to disease."

Mumps vaccine is also available from the public health nurse, in combination with the Measles-Rubella vaccine. Mumps immunizations are not yet required by the school entry law, though such an addition has been recommended to the legislature by the Missouri Medical Association.

(more) or ###

CHAPTER VII
TOOLS FOR THE CAMPAIGN

B. Speakers Bureau

Mass communications can not perform the entire education function of a successful county health department campaign. Much of the work must be done in direct contact with groups of people who are organized into effective community action groups and whose support would be vital in the overall effort.

Civic groups, church groups, political groups and health action groups are just a few of the organizations who can provide support and assistance in the campaign. Taking the message directly to them is best done by committee members who are willing and able to appear at group meetings to present the issue and respond to questions.

So important is this function that it should be organized as a sub-group within the local campaign committee and several persons elicited to speak anywhere the opportunity is given.

1. How to prepare a speech

Be sure of your facts and aware of the top two or three issues the group may be concerned with. Before speaking to a given group, ask the person with whom you have contact how the group sees the issue at this point and what questions they may have.

With these facts in mind, decide, possibly in consultation with others on the committee, what approach should be used and what issues should be dealt with.

Many authorities recommend that you not 'read' your speech, but that you talk casually from an outline. However, most top officials in this country,

when dealing with key issues in which exact wording is important, do resort to written scripts. This method accomplishes two things: It assures that the information intended to be imparted to the audience is given in precisely the way intended and it provides the beginner and experienced speaker alike with a solid reference to focus on during the presentation.

While many texts recommend that you throw in a few anecdotes or humorous stories to keep the audience awake during a speech, this probably is counter-productive in speaking about a matter as vital to the community as establishing a health department.

Make your speech short (5 or 10 minutes) and serious. Hit upon the top two or three issues in relevant sequence and most importantly, convey to the audience through your actions during the speech, that you are vitally concerned about the issue and feel strongly that the entire community should be also.

An old guide to speech writing goes something like this: 'Tell them (at the beginning of the speech) what you are going to say, say it, and (at the conclusion, in summary) tell them what you told them'.

2. Developing skillful slide/tape presentations

It is usually more interesting for the audience to view pictures or listen to a combined slide/tape presentation than to simply listen to a guest speaker. However, slides and tapes must be directly relevant to the issue and support the guest speaker in his/her efforts to elicit support for the referendum.

In preparing a slide/tape presentation, you must think of how to coordinate the sound with the pictures. One way to do this is to:

- a. Make a basic outline for your proposed script.
- b. Decide on the key concepts to be covered in the script.
- c. Take a variety of slides that relate well to your key concepts.

d. Write your script matching the slides to the written text.

In a well organized slide show, the length of time each slide is on the screen varies, but will be within 5 to 15 seconds. Ten to 20 minutes in length is preferred.

3. Preparing a newsletter.

In areas that lack sufficient mass media coverage or where there are several LOCAL CAMPAIGN COMMITTEES serving population centers widely distributed throughout the county, it may be desirable to consider publishing a regular campaign newsletter.

If it is to be a so-called 'house organ', that is, if it is to serve to inform only committee members throughout the county, it can be used to provide reminders of target dates coming up, current campaign standing, 'how-to' items, as experience is gained that can be shared and to remind members that others are working toward the same goal, so that those whose committees are located in sparsely settled areas do not lose interest.

If it is to attempt to supplement the work of a local newspaper, it will be written much like a newspaper and be geared toward the general public. Perhaps printing equipment is out of the question and mimeograph is the only means available. This would limit the number of copies available per issue, and make it likely that certain target groups within the county be the regular recipients, such as outside organizations working toward the same goal (civic, social, etc.).

4. Effective use of graphics.

Graphics that committee members may deal with during the campaign will usually be posters, signs and displays. Some petition carriers who man a stationary post, such as in front of a popular grocery store, may want to

use a large sign and a card table with chairs. The sign serves as a backdrop and attention getter.

Speakers may want to use large posters as a display, or flip-chart placed on an easle. A speaker can then use the flip-chart to hold the audiences eye and emphasize the key points of discussion.

Quality posters and charts should be used, however, because poorly made ones give the impression of an ineffectual effort and sloppy campaign, committee members should elicit the support of teachers, artists and photographers in the community willing to donate their time and talents developing graphic art.

If no such persons are available, then simple posters or signs would be best to use, with emphasis on relevant lettering and perhaps photographs, rather than detailed drawings. Here are some tips:

1. Select simple, easy-to-read lettering styles.
2. Prepare lettering large enough for easy reading; use this guide.

<u>Viewing distance</u>	<u>Minimum letter size</u>
8 feet	$\frac{1}{4}$ inch
16 feet	$\frac{1}{2}$ inch
32 feet	1 inch
64 feet	2 inches

3. Space letters by the eye. Allow equal space area between letters rather than equal distance between letters.

4. If a poster is to include mounted pictures as well as lettering, always do the lettering before attaching the picture to the cardboard.

5. Remember the following elements to a good poster:

Balance: Are both sides equal in visual 'weight'.

Emphasis: Decide which part of the poster is most important and emphasize it.

Contrast: Contrast light with dark and dark with light so that the poster is easy to see.

Harmony: Do all the elements of the poster fit together?

CHAPTER VII

TOOLS FOR THE CAMPAIGN

C. The Facts: The most commonly asked questions.

- Q. WHAT IS A COUNTY HEALTH DEPARTMENT OR CENTER?
 - A. It is the base of coordinated efforts of several groups working together to protect and safeguard the health of all persons in the county. These groups include: The Health Department Staff; Board of Trustees; local physicians and dentists; and other interested persons.
- Q. WHOM DOES IT SERVE?
 - A. It serves everyone living in the county regardless of age or income.
- Q. WHO CAN HAVE A COUNTY HEALTH DEPARTMENT?
 - A. Any county in the State - this is provided for by State Law.
- Q. HOW CAN OUR COUNTY GET ONE?
 - A. By a vote of the people in an election held in the county for that purpose.
- Q. HOW CAN WE HAVE AN ELECTION?
 - A. By presenting a petition to the County Court which has been signed by ten percent or more of the qualified voters of the county. This means ten percent of the number who voted in the last election for Governor.
- Q. CAN WE BE SURE THAT THE COUNTY COURT WILL BRING IT TO A VOTE OF THE PEOPLE?
 - A. Yes. The law says that----"the county court shall submit the question to the qualified voters of the county.....".
- Q. WHEN WOULD THE ELECTION BE HELD?
 - A. The county court may bring it to a vote of the people at the next general election to be held in the county or at a primary election.
- Q. HOW MANY "YES" VOTES ARE NECESSARY?
 - A. At least two-thirds of all of the votes cast on this matter must be "yes" votes.
- Q. WHAT LIMIT DOES THE LAW SET ON THE TAX FOR THIS PURPOSE?
 - A. The law says...."not in excess of ten cents on each one hundred dollars of the assessed valuation of property in the county.....".
- Q. IF A SUCCESSFUL ELECTION IS HELD, WHO WILL RUN THE HEALTH DEPARTMENT?
 - A. A board of five trustees chosen from the citizens of the county at large. All must be residents of the county.

Q. HOW IS THE BOARD OF TRUSTEES CHOSEN?
A. The first Board of Trustees is appointed by the county court to serve until the next general election is held in the county. Then, at the next general election, five trustees are elected by a vote of people. The names of all candidates must be presented on a non-political ballot. In other words, they do not run on a political party ticket.

Q. WHEN TRUSTEES HAVE BEEN ELECTED, HOW LONG DO THEY SERVE?
A. The law provides that three shall serve for two years and two shall serve for four years. As these terms of office expire, trustees are elected for a term of four years each.

Q. WHO CAN BE A CANDIDATE FOR THE BOARD OF TRUSTEES?
A. Any legal resident of the county who is considered to be fit for such office. However, no trustee shall have a personal financial interest, either directly or indirectly, in the purchase of any supplies for the health center unless such supplies are purchased by competitive bidding.

Q. HOW DOES A PERSON BECOME A CANDIDATE FOR HEALTH CENTER TRUSTEE?
A. By filing an announcement with the county clerk at least thirty days before the general election.

Q. IS THERE A CHARGE FOR FILING? A. No

Q. HOW MUCH PAY DO TRUSTEES GET?
A. The trustees serve without pay, but may be reimbursed for any cash expenditure actually made as a Trustee.

Q. WHAT AUTHORITY DOES THE BOARD OF TRUSTEES HAVE?
A. The Board of Trustees has full authority for governing and operating the County Health Department.

Q. HOW OFTEN DOES THE BOARD OF TRUSTEES MEET? A. At least once each month.

Q. IS A RECORD KEPT OF THESE MEETINGS? A. Yes. The law requires it.

Q. HOW IS THE MONEY COLLECTED?
A. The county court levies and collects the tax just as any other tax.

Q. WHERE IS THE MONEY KEPT?
A. The tax money collected is deposited in the county treasury to the credit of the "Health Center Fund".

Q. CAN THIS MONEY LEGALLY BE USED FOR OTHER PURPOSES? A. No.

Q. WHO SERVES AS TREASURER OF THE BOARD?
A. The County Treasurer.

Q. WHO CONTROLS THE SPENDING OF THE MONEY?
A. The Board of Trustees.

Q. HOW?

A. The law requires the money to be deposited in the County Treasury to the credit of the County Health Center Fund, and paid out only upon warrants ordered drawn by the county court upon vouchers authorized by the Board of Trustees.

Q. WOULD THE STATE CONTRIBUTE ANY MONEY?

A. Yes, the State does give financial aid to the County Health Departments.

Q. HOW MUCH MONEY WOULD THE STATE CONTRIBUTE?

A. The amount would be determined by formula, by the State Division of Health.

Q. IS THE BOARD OF TRUSTEES REQUIRED TO MAKE A REPORT?

A. Yes, in January of each year.

D. Possible Services to be offered through the Health Department.

1. HOME VISITS can be made by a nurse to those in need of nursing care if the visits are requested by a physician. Visits are made to expectant mothers, infants, preschool children, mentally retarded, and patients with chronic and communicable diseases including persons with T.B., their families and contacts.

2. CHILD HEALTH CONFERENCES can be conducted by a health department. A physician gives physical exams to infants and preschool children. The physician and a community health nurse answer any questions a patient may have. Immunizations needed to protect the children from communicable diseases are given. Vitamins may be provided when the doctor recommends them. TB skin tests and urine screening tests are also a part of this service. Health education items provided may include, in addition to questions being answered, films and literature relevant to raising and caring for young children.

3. SPEECH AND HEARING evaluations and therapy for preschool children may be offered through the health department.

4. COMMUNICABLE DISEASE CONTROL is an important part of the responsibilities of the health department. Drugs, when prescribed by a physician, can be available through the department. County residents with TB, Hepatitis patients and those with whom they have been in contact may receive this service. Information screening and treatment for venereal diseases is an important aspect of this service. A variety of other communicable diseases would be monitored by the health department staff and specialists on particular types of communicable disease called in to assist in dealing with any outbreak in the county.

5. FAMILY PLANNING services can be provided in which women of childbearing age obtain quality medical, educational and counseling services

designed to assist them in planning at what point they may want children and the steps to take to ensure it is only at that point that pregnancy occurs.

6. The WIC Program offers supplemental foods to ensure the health needs of pregnant and lactating women, children and infants who are anemic or below the normal growth pattern for their age. No fee is required and eligibility is determined at the health department.

7. SCHOOL HEALTH is an important aspect of communicable disease control and health department personnel assist school nurses in providing direct care to students. Health department personnel go directly into schools where there are no nurses to ensure immunization activities, vision and hearing screening programs and health education activities are provided.

8. HYPERTENSION screening clinics may be offered at various locations throughout the county by health department nurses.

9. PRENATAL CLINIC can provide county residents who are expecting an addition to the family with sound health education information which will assist in bringing about a successful pregnancy and delivery.

10. ENVIRONMENTAL HEALTH SERVICES may be provided by the county health department at the county level to assist those who serve the public with food products in establishing sound health and sanitation practices to prevent outbreaks of food and waterborne disease. Advice would also be available concerning adequate water supplies and sewage disposal systems for private homes.

11. HEALTH EDUCATION is becoming an increasingly vital aspect in preventing chronic illness and outbreaks of communicable disease. Services available include direct counseling to individuals in the county regarding problems they may want assistance with; speeches, films, and literature for groups within the county seeking additional health information.

12. MEDICAL CARE for those persons receiving medicaid support from the ages of new-born through 21 years.

13. MENTAL HEALTH services may be provided through the local health department. This would include counseling by trained personnel.

14. REFERRAL SERVICES and assistance in finding a source of health care may routinely be provided through the health department.

15. DISASTER ASSISTANCE is a part of the health department duties. Working with Civil Defense or Law Enforcement personnel, the local health department may become a part of a county-wide "Disaster Readiness" team, who provide medical assistance to areas struck by natural or man-made disaster.

Bear in mind that the health department in any county will only be able to provide those services the board of trustees approves and only those that can be supported by a mill-tax not exceeding 10 cents per 100 dollars assessed valuation, combined with any State and Federal money provided. Each county must decide the services needed from among the 15 listed.

E & F. Two additional tools for the campaign which may be employed are "letters to the editor" and providing information to the public about the current activities of a nursing service.

Residents who are recipients of nursing services now, who strongly support the referendum, may want to write to the editor of the local newspaper expressing an opinion on the value of local health care.

A list should be drawn up of the current services provided in the county by the community health service and each committee member given a copy to use in bringing the campaign to the public through the petition drive, speakers bureau and the mass media.

SUMMARY

One of the most important aspects of community life is sound community-wide health. This cannot be achieved through a 'one-shot' process where everyone is lined up and immunized one time and all public facilities inspected once and forgotten about.

Community health protection is a daily activity, requiring the presence in the county of trained, experienced health care personnel 365 days a year. The proven way to provide this protection is through a local health department, which the voters of the county would control and support.

In mankind's history, hundreds of thousands of persons have fallen victim to epidemics, others have died prematurely for lack of proper medical care and still others have gone without the knowledge that something they were doing daily may have shortened their lives, and detracted from the quality of their health.

As we move through the 1980's, it becomes apparent from what we have seen in the past, that the only certain way to build a sound future for our families is through continued vigilance against disease and chronic ill health.